

# iTransition

It's all about me!



## iTRANSITION COLLEGE CAMP STUDENT REGISTRATION FORM

July 27-31, 2010

iTransition College Camp is limited to 50 students. Applicants will be chosen based on the contents of this application. Registration deadline is May 1, 2010. For further information contact Amy Hebert at e-mail [amhebert@ualr.edu](mailto:amhebert@ualr.edu).

### Personal Information:

Student's Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Age \_\_\_\_\_ Grade for 2010-2011 \_\_\_\_\_

Student's email address: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_ Small; \_\_\_\_\_ Medium; \_\_\_\_\_ Large; \_\_\_\_\_ X-Large; \_\_\_\_\_ XX-Large

### Statistical Information:

Ethnic Group: \_\_\_\_\_ Black; \_\_\_\_\_ Caucasian; \_\_\_\_\_ Hispanic; \_\_\_\_\_ Asian; \_\_\_\_\_ Native American/Islander

### Disability Information:

Hearing Status: \_\_\_\_\_ Deaf; \_\_\_\_\_ Hard of Hearing; \_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

### Communication Mode (*check all that apply*):

ASL  
Signed English

Cued Speech  
Speech Reading

Speaks for Self  
Other \_\_\_\_\_

### Amplification (*check all that apply*):

Hearing Aid

Cochlear Implant

FM System

*Feel free to use an additional page to add information about student or parent needs that would be helpful to our staff with regard to your iTransition College Camp Experience.*

**For verification purposes, please have your guidance counselor, special education teacher, or 504 Coordinator sign this form:**

Above student has an \_\_\_\_ IEP; \_\_\_\_ 504 Plan; \_\_\_\_ Other: \_\_\_\_\_

High School: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

**Career and College Interest Areas:**

Please list the career fields/ college majors you are interested in:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please list the College, Universities, Technical Schools or Training programs you are interested in attending:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please attach two (2) letters of recommendation from:**

1. An adult who can testify to your personal character, volunteer services, and community involvement.
2. A teacher who can testify to your academic abilities and that you are a potentially college-bound student.

***Both recommendations can be from teachers, but not from relatives.***

**Mail registration and signed contracts to:**

**Attn: Dr. Sam Atcherson**

**University of Arkansas at Little Rock**

**Department of Audiology and Speech Pathology**

**2801 S. University Ave.**

**Little Rock, AR 72204**

**[sratcherson@ualr.edu](mailto:sratcherson@ualr.edu) or [amhebert@ualr.edu](mailto:amhebert@ualr.edu)**

***Further information will be sent to registrants in June.***



## Activity, Medical, and Liability Release Statement:

(Student) \_\_\_\_\_ has my/our permission to participate in iTransition College Camp on July 7-11, 2009. I/We acknowledge that this includes workshops, team activities, four nights in a residence hall with meals in a dining facility, and traveling between buildings (possibly by bus). I/We further acknowledge that in the event of medical intervention, every attempt by staff will be made to contact us immediately. If I/We cannot be reached, my/our consent is given for medical treatment.

I/We hereby release iTransition College Camp, University of Arkansas at Little Rock, PEPNet, Arkansas Children's Hospital, Arkansas Department of Education, Arkansas Vocational Rehabilitation, Arkansas School for the Deaf, Department of Special Education, Transition staff; and all program employees from claims on account of any injuries which may be sustained by my/our child. Furthermore, I/We certify that within the past year my child has had a physical examination and is physically able to participate in the activities at iTransition College Camp.

Parent's or Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Student's Signature (If 18 years old) \_\_\_\_\_ Date: \_\_\_\_\_  
Name of parent(s): \_\_\_\_\_;  
Address (if different from student's): \_\_\_\_\_  
Email address: \_\_\_\_\_; Phone (c): \_\_\_\_\_  
Phone (h): \_\_\_\_\_; Phone (w): \_\_\_\_\_

### Closing Ceremony:

#### Parents' Participation:

\_\_\_\_\_ I/We will be attending iTransition College Camp Closing Program on Saturday 7/31/10.  
\_\_\_\_\_ I/We will be unable to attend the Closing Program.

Total Number of Adults attending: \_\_\_\_\_

#### Parent Accommodations Requested for Closing Ceremony:

\_\_\_\_\_ Sign Language Interpreter  
\_\_\_\_\_ Oral Interpreter  
\_\_\_\_\_ Spanish Interpreter  
\_\_\_\_\_ Other

## iTransition College Camp Student Behavior Contract

I understand that:

1. I will respect the authority of the iTransition College Camp leaders and staff.
2. I will participate in all group activities of which I am physically able.
3. I will remain on campus throughout the program and stay in my assigned room at night.
4. As a university guest, I will adhere to university rules and regulations.
5. I (or my parents) am responsible for transporting me and any luggage to and from the residence hall.

My parents and I have read this contract and agree to abide by the rules within. We also acknowledge that if I have to return home early for violation of any of the above rules, it will be at my own expense.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

As a participant in iTransition College Camp, I understand that videos and photographs will be taken. By signing this form, I give iTransition College Camp and its affiliates the absolute right and permission to use my photograph in promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media, or other form of promotion. I release the iTransition College Camp, its affiliates, the photographer, their offices, employees, agents, and any designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

My agreement to this photo release is voluntary. I understand that I may revoke permission at any time.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

**Please provide short answers (can be written or typed) to the following questions and return them with your application.**

**1. Would you like to be an astronaut and go visit another planet? Why or why not?**

**2. What is your favorite season of the year? Why?**

**3. Tell us about the best trip you have ever taken.**

**4. How can you help a friend who is having a bad day?**

**5. If you could be President for one day, what would you do?**